County: Dodge CLEARVIEW NORTH 199 HOME ROAD JUNEAU Operated from 1

53039 Phone: (920) 386-3400 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 117 Yes Total Licensed Bed Capacity (12/31/01): 125 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 97 92 Average Daily Census: ********************* ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	45. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	32. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	42.3	More Than 4 Years	22. 7
Day Services	No	Mental Illness (Org./Psy)	38. 1	65 - 74	18. 6		
Respite Care	No	Mental Illness (Other)	33. 0	75 - 84	22. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	14. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	2. 1	Full-Time Equivale	nt
Congregate Meals	Yes	Cancer	0. 0	<u> </u>	(Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	57. 7		
Transportati on	No	Cerebrovascul ar	1.0			RNs	9. 6
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	12. 5
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.8	Male	46.4	Ai des, & Orderlies	70. 7
Mentally Ill	Yes			Femal e	53. 6		
Provide Day Programming for			100. 0				
Developmentally Disabled	No		****	, - 	100.0		***

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay			amily Care			anaged Care	l 		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	63	76.8	108	0	0.0	0	14	93. 3	200	0	0.0	0	0	0.0	0	77	79. 4
Intermedi ate				1	1. 2	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	18	22. 0	555	0	0.0	0	1	6. 7	750	0	0.0	0	0	0.0	0	19	19.6
Venti l ator- Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		82	100. 0		0	0.0		15	100. 0		0	0.0		0	0.0		97	100. 0

CLEARVIEW NORTH

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01								
beachs builing kepoleting left ou			% Needing						
Percent Admissions from:		Activities of	%		tance of	% Totally M	Total Jumber of		
Private Home/No Home Health	11. 1	Daily Living (ADL)	Independent		Two Staff		lesi dents		
Private Home/With Home Health	0. 0	Bathi ng	3. 1		69. 1	27. 8	97		
Other Nursing Homes	28. 6	Dressing	15. 5		67. 0	17. 5	97		
Acute Care Hospitals	31. 7	Transferring	47. 4		44. 3	8. 2	97		
Psych. HospMR/DD Facilities	27.0	Toilet Use	25. 8		47. 4	26. 8	97		
Reĥabilitation Hospitals	1.6	Eati ng	15. 5	,	75. 3	9. 3	97		
Other Locations	0.0	**************	*******	******	*****	*********	******		
Total Number of Admissions	63	Conti nence		% S _l	pecial Trea	itments	%		
Percent Discharges To:		Indwelling Or Externa	l Catheter	4. 1	Recei vi ng	Respiratory Care	10. 3		
Private Home/No Home Health	19. 3	Occ/Freq. Incontinent	of Bladder	52. 6	Recei vi ng	Tracheostomy Care	1.0		
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	35. 1	Recei vi ng	Sucti oni ng	1. 0		
Other Nursing Homes	24. 6				Recei vi ng	Ostomy Care	5. 2		
Acute Care Hospitals	1.8	Mobility			Recei vi ng	Tube Feeding	2. 1		
Psych. HospMR/DD Facilities	7.0	Physically Restrained	l	10. 3	Recei vi ng	Mechanically Altered Diets	40. 2		
Rehabilitation Hospitals	0.0								
Other Locations	12. 3	Skin Care		0	ther Reside	ent Characteristics			
Deaths	35. 1	With Pressure Sores		4. 1	Have Advar	nce Directives	48. 5		
Total Number of Discharges		With Rashes		12. 4 M	edi cati ons				
(Including Deaths)	57				Recei vi ng	Psychoactive Drugs	87. 6		

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

9. 5

Nursing Care Required (Mean)

********************************** Ownership: Bed Size: Li censure: Government 100-199 Skilled Al l Thi s Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 73.3 84. 8 0.86 84. 1 0.87 85.8 0.85 84. 6 0.87 Current Residents from In-County 57.7 58.7 0.98 79. 3 0.73 69. 4 0.83 77. 0 0.75 Admissions from In-County, Still Residing 34.9 27.8 1. 26 25. 5 1.37 23. 1 1.51 20.8 1.68 Admissions/Average Daily Census 68. 5 58. 7 1. 17 110. 2 0.62 105.6 0.65 128. 9 0.53 Discharges/Average Daily Census 62.0 61.8 1.00 110.6 0.56 105.9 0.58 130.0 0.48 Discharges To Private Residence/Average Daily Census 12.0 18. 7 0.64 41.2 0.29 38. 5 0.31 52. 8 0. 23 Residents Receiving Skilled Care 79.4 84.8 0.94 93.8 0.85 89.9 0.88 85. 3 0.93 Residents Aged 65 and Older 57. 7 87. 6 0.66 94. 1 0.61 93. 3 0.62 87. 5 0.66 Title 19 (Medicaid) Funded Residents 84. 5 79.8 1.06 66. 9 1. 26 69.9 1.21 68. 7 1.23 Private Pay Funded Residents 16. 3 0.67 22.2 22.0 15. 5 0.95 23. 1 0.70 0.70 Developmentally Disabled Residents 0.0 0.8 0.00 0.6 0.00 0.8 7. 6 0.00 0.00 Mentally Ill Residents 71. 1 50.0 1.42 38. 7 1.84 38. 5 1.85 33. 8 2. 11 General Medical Service Residents 27.8 17.8 1.56 21. 8 1. 28 21. 2 1.31 19.4 1.43 49.3 Impaired ADL (Mean) 48.7 43.4 1. 12 48. 4 1.01 46. 4 1.05 0.99 Psychological Problems 87. 6 61.6 1.42 51.9 1.69 52.6 1.67 51. 9 1. 69

8. 4

1. 13

7. 5 1. 27

7.4

1. 28

7. 3 1. 30